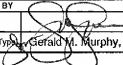


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		Complete if Known <table border="1"> <tr> <td>Application Number</td> <td>10/589,557-Conf. #8209</td> </tr> <tr> <td>Filing Date</td> <td>January 23, 2007</td> </tr> <tr> <td>First Named Inventor</td> <td>Takaki KOIDE</td> </tr> <tr> <td>Examiner Name</td> <td>S. M. Noakes</td> </tr> <tr> <td>Art Unit</td> <td>1656</td> </tr> <tr> <td>Attorney Docket No.</td> <td>3691-0135PUS1</td> </tr> </table>		Application Number	10/589,557-Conf. #8209	Filing Date	January 23, 2007	First Named Inventor	Takaki KOIDE	Examiner Name	S. M. Noakes	Art Unit	1656	Attorney Docket No.	3691-0135PUS1
Application Number	10/589,557-Conf. #8209														
Filing Date	January 23, 2007														
First Named Inventor	Takaki KOIDE														
Examiner Name	S. M. Noakes														
Art Unit	1656														
Attorney Docket No.	3691-0135PUS1														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$)	180.00													

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims		Extra Claims	Fee (\$)	Multiple Dependent Claims		Fee (\$)	Fees Paid (\$)
18	-20 or HP	x	=				
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Multiple Dependent Claims		Fee (\$)	Fees Paid (\$)
1	-3 or HP	x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	-100 =	/50 =	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement						180.00	

SUBMITTED BY Signature: 		Registration No. (Attorney/Agent): <u>28,977</u>	Telephone: <u>(703) 205-8000</u>
Name (Print/Type): <u>Gerald M. Murphy, Jr.</u>		Date: <u>December 9, 2010</u>	